

Communication Sheet for GP, Community Matron and/or other relevant Health Professional (secure fax or email)

SHADOW: guide to assist care home staff in the identification of residents in the last year of life

For the attention of:

Patient:

From:

SHADOW has been developed to assist care home staff in identifying those residents approaching the last year of life. We have used the guide which indicates we need to ask you for your support in assessing our resident further to consider care planning and other aspects of end of life care if found to be appropriate.

Our resident has a score of one or more as noted below:

	Marker	Description	Scoring System	Date:
S	<u>S</u> urprise question	'Would you be surprised if your resident were to die in the next few months, weeks, days?'	No = 1	
H	<u>H</u> ospital	Your resident has attended and/or been admitted to hospital in recent weeks and months on more than one occasion	Yes = 1	
A	less <u>A</u> ctive	Your resident now stays in bed or chair for longer than they used to or are no longer able to walk.	Yes = 1	
D	<u>D</u> ependent	Your resident is more dependent on others for their ADLs (activities of daily living) e.g. feeding, toileting, etc.	Yes = 1	
O	<u>O</u> verall decline	Staff/family have noticed a general progressive decline in the health of the resident, for example, increasingly withdrawn, showing lack of interest in food and drink over recent weeks and months.	Yes = 1	
W	<u>W</u> eight loss	Your resident has lost weight over the past few weeks and months (10% or more over the past 6 months).	Yes = 1	

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Thank you